Tickets Provided by	A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA	Arus	ne bocume	Date Stamp	California Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	1612			
Area Code/Phone Number E-mail			Amendment (Must exp	I alain in Dart 5.)
(510) 272-3882 crystal.hishida@	acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	03/01/2010 (month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrate	or's Office		,,,,,,,
2. Event For Which Tickets Were Distribut	ted			
Date(s) of Event: <u>3 / 24 / 10</u> Desc	cription of Eve	nt: Golden Sta	te Warriors Game	
		et: \$		
Agency Event 🗌 Yes 🗵 No (Identify				
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received:4				☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is Inc	
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution
4. Individual or Organization Receiving Ti	cket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Supervisc	or Alice Lai-Bitl	ker, District 3		
Name of Individual or Organization: Wa Sung	Community Se	ervice Club		r of Tickets:4
Description of Organization: <u>An organization c</u>	committed to fo	stering unders	tanding among all peop	ble in the community
Address of Organization: PO Box 1561, Oakla	and, CA 94604	City		State Zip Code
	unana fartha di	75040 <b>F</b> U		
Purpose for Distribution: (Describe the public pu				
To promote attendance at an event held at a 0	County facility	in order to max	imize County revenue	from concession sales
5. Verification				
I have determined that the distribution of tickets set	forth above is in	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
CRYSTAL	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	2/2/12
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Tickets Provided by					TICKETS PROVIDED B
Agency Report		A Publ	lic Docume	ent	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					1 Onth
Division, Department, or Region (if a	applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-ma	11			Amendment (Must e	volain in Part 5 )
(510) 272-3882 crys	tal.hishida@a	icgov.org			xprain in Part 5.7
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, Count	ty Administrat	or's Office		(monal, day, year)
2. Event For Which Tickets Wer		-			
Date(s) of Event:			nt. Golden Sta	te Warriors vs. Dallas	Mavericks
//	Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes 🛛 🛛	No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket	(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number	State Whet	ther the Distribution is Ind	come to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	or the Distribution
			y		
4. Individual or Organization Re	eceiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
	, Keith Cars	on. Superviso	or Fifth District		
Name of Behesting Agency Officia					
Name of Individual or Organization	n: National W	omen's Politi	cal Caucus-Ala	ameda N. Numb	er of Tickets:4
Description of Organization: Work					
Description of Organization:					
Address of Organization:	e Park Avenu	ie PMB 305	Oakla	nd	CA 94610
Number and	d Street		City		State Zip Code
Purpose for Distribution: (Describe	e the public pur	pose for the dis	stribution to the d	organization.)	
To reward a school or nonprofit of	rganization fo	r its contributi	ions to the com	nmunity.	
5. Verification					김 전 생각했던 2012 2013년
I have determined that the distribution	n of tickets set f	orth above is in	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
latte And	CRYSTAL H	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	3/2/10
Signature of Agency Head or Designee		Print Name		Title	(month; day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVI	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555 Street Address	(if applicable)			Date Stamp	0.00	02
OAKLAND, CA 94612 Area Code/Phone Number E-	mail			Amendment (Must ex	rolain in Part 51	
(510) 272-3882 cr Agency Contact (name and title)	rystal.hishida@acc	jov.org		Date of Original Filing:		
Crystal Hishida Graff, Principa	Analyst, County	Administrate	or's Office		<ul> <li>Marie transfer Code, and Street 20(20)</li> </ul>	
2. Event For Which Tickets W Date(s) of Event:03_/_05			t. Disney on l	ce - World of Fantasy		
/			ət: \$	49.00		
	⊠ No (Identify sou					
Name of Outside Source of Ticl	ket(s) Provided to	Agency: Go	olden State vva	rnors		
Number of Tickets Received:	Ti	icket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Co	ntract
3. Agency Official(s) Receivir	ng Ticket(s) (use	a continuatio				
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo		r
4. Individual or Organization	Receiving Ticke	e <b>t(s)</b> (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency Off	icial: Keith Carson	i, Superviso	r Fifth District			
Name of Individual or Organiza	tion: East Meets V	Vest			er of Tickets:4	<u>۱</u>
Description of Organization: <u>Tr</u>	ansform the health	n, education	and communi	ties of disadvantaged	people.	
Address of Organization.	Telegraph Avenue and Street	e, Suite 142	0 Oakla <sub>City</sub>	nd		4612 p Code
Purpose for Distribution: (Desc	ribe the public purpo	se for the dis	tribution to the c	organization.)		
To reward a school or nonprofi						
5. Verification						
I have determined that the distribut	tion of tickets set fort	th above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1	
Signature of Agency Head or Designee	CRYSTAL HIS			CIPAL ANALYST	(month, day,	110

Tickets Provided by		A Publ	ic Docume	ont	TICKETS PROVIDED BY
Agency Report 1. Agency Name		Агиы	ic Docume	Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Dute Stamp	Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	Leis in Ded E \
(510) 272-3882	crystal.hishida@a	acgov.org			sam in Part 5.)
Agency Contact (name and title,		0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		(monin, day, year)
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event: <u>03</u>	4 <u>/ 10</u> Desc	ription of Even	nt: Disney On	lce	
		Value of Ticke		49.00	
		value of ficke	τ. ψ		
Agency Event 🛛 Yes	🛛 No (Identify s		•		
Name of Outside Source of	Ficket(s) Provided t	to Agency: Go	lden State Wa	rrirors	
Number of Tickets Received					☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	4
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
<u></u>					
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency (					
Name of Individual or Organ		niors of Oaklar	nd & Alameda	County Numbe	r of Tickets:4
Description of Organization:	Senior Advocacy				
Address of Organization:	00 Bancroft Ave, S	ite 178 - Oakla	and, CA 9460 City	5	State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	tribution to the c	organization.)	
To promote health and moti				•	the County such as
5. Verification					
I have determined that the distri	ibution of tickets set (	forth abovo is in	accordance wit	h the provisions of EPPC	Regulation 18944 1
				2	2 /- /
Signature of Agency Head or Design		HISHIDA GRA	PRIN	ICIPAL ANALYST Title	(month, day, year)

the disabled, underprivileged, seniors and youth in foster care.

Tickets Provided by				enter de la companya	TICKETS PROVIDED BY
Agency Report		A Publ	ic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				P. Second Science and Article 2012 2012	Form 802
Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address				-	0
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
				Amendment (Must ex	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing: _	
				Date of Original Thing. =	(month, day, year)
Crystal Hishida Graff, Princ 2. Event For Which Tickets		· · · · · · · · · · · · · · · · · · ·	or's Office		
			Disney On	Ice	
Date(s) of Event: <u>03</u> /_0	5 Desc	ription of Ever	nt: <u>Biology off</u>		
/	/ Face	Value of Ticke	et: \$	59.00	
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Course of	Tielest/a) Dravidad (	Gorana Go	olden State Wa	arrirors	
Name of Outside Source of	licket(s) Provided t	o Agency:			
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Offic	ial	Number		ther the Distribution is Inc	
(Last, First)	a	of Tickets	Descr	ibe the Public Purpose for	r the Distribution
i					
4					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	l led at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (	County Superv	visor Nate Mile	v District 4	
Name of Individual or Organ	ization: United Ser	niors of Oakla	nd & Alameda	County Numbe	er of Tickets:4
Description of Organization:					
			1. 16 f. (67/25/6)		
Address of Ordanization.	200 Bancroft Ave, S	ite 178 - Oakl	and, CA 9460 City	5	State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the	organization.)	
To promote health and moti	vate and provide ex	xpanded oppo	ortunities to vul	nerable populations in	the County such as
5. Verification					
I have determined that the distr	ibution of tickets set (	forth ahove is in	accordance wil	th the provisions of FPPC	Regulation 18944 1
					2121
Signature of Agency Head or Design		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(rhonth, dáy, year)

the disabled, underprivileged, seniors and youth in foster care.

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Date Otamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					VI.
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event: <u>03</u>	6 / 10 Desc	ription of Ever	nt. Disney On I	ce	
				74.00	
/	Face	Value of Ticke	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided (	to Agency. Go	olden State Wa	rrirors	
	S1				
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets	이번 승규가 있는 것이 아파 감독을 가 있다.	her the Distribution is In- be the Public Purpose for	
(Lusi, 110)		of fickets	Descri	be the Fublic Fulpose it	
		10			
<u>.</u>					6
4. Individual or Organization	이 것이 같은 것이 가지 않는 것이 잘 못 한 것이 없는 것이 많다.	211 0 X0 000 SCARE 24 (F - 1600 SCAR		2월 1일이 같은 것이 것 같아요. 우리 것은 말이야 한 것이 없다.	
Name of Behesting Agency	Official: Alameda C	County Superv	isor Nate Miley	/, District 4	
Name of Individual or Organ	ization: Jessica Ze	endejas		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community volu					
		Person			
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
114 A.h		HISHIDA GRA		CIPAL ANALYST	314/11
Signature of Agency Head of Design	18131 - State State State State State	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OA		2			
Area Code/Phone Number E-	mail			Amendment (Mustex)	plain in Part 5.)
	ystal.hishida@aco	gov.org			03/04/10
Agency Contact (name and title)			190742	Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County /	Administrator	's Office		March 112 Constant Const
2. Event For Which Tickets W			14.50%		
Date(s) of Event: <u>03</u> / <u>06</u>	<u>/ 10</u> Descrip	tion of Event	Disney on lo	ce Presents Princess C	Classics
/		alue of Ticket		74.00	
	🗵 No (Identify sou				
Name of Outside Source of Ticl	(s) Provided to	Agency: Gol	den State Wa	rriors	
Number of Tickets Received:	<u>4</u> T	icket(s) Provi	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (use	a continuation	sheet for addi	tional names)	
Name of Official (Last, First)		Number		her the Distribution is Inc	
(Ldat, First)		of Tickets	Desch	be the Public Purpose for	
4. Individual or Organization	Receiving Tick	et(s) (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency Off	cial: Supervisor A	Nice Lai-Bitke	er, District 3		
Name of Individual or Organiza				Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Desc		ose for the dist	ribution to the c	organization.)	
To promote attendance at an e	vent held at a Cou	unty facility in	order to max	imize County revenue	from concession sales
5. Verification					
I have determined that the distribut	tion of tickets set for	th above is in a	accordance wit	h the provisions of FPPC	Regulation 18944.1.
let and	CRYSTAL HI		F PRIN	CIPAL ANALYST	314/10
Signature of Agency Head or Besignee Comment: (Use this space or an att		int Name	including amend	Title	(monlh, day, year)

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY	
1. Agency Name			Date Stamp		
COUNTY OF ALAMEDA				Form 802	
Division, Department, or Region (if applicable)				For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
(510) 272-3882 crystal.hishida@a	acgov.org		Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title)	3		Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrat	or's Office	n anenna ferriaria. Esta cara cara este este a la casa construinte com	(monin, day, year)	
2. Event For Which Tickets Were Distribut					
Date(s) of Event: <u>03 / 15 / 10</u> Desc			te Warriors vs. Los Ang	geles Lakers	
			95.00		
// Face	Value of Ticke	et: \$	00.00		
Agency Event 🛛 Yes 🛛 No (Identify s	source of ticke	ts below.)			
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	rriors		
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Official	Number	State Whet	her the Distribution is Inc	ome to the Official or	
(Last, First)	of Tickets		be the Public Purpose for		
Carson, Keith	4	To promote a	o promote attendance at a County sponsored event.		
4. Individual or Organization Receiving Tid				- 5	
Name of Individual or Organization:			Numbe	er of Tickets:	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public pu	rpose for the dis	stribution to the c	organization.)		
5. Verification					
I have determined that the distribution of tickets set	forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.	
A 11 D	HISHIDA GRA		CIPAL ANALYST	3/9/10	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any ad	lditional informatio	on including amend	lment explanation.)		

Tickets Provided by				2147.53a.9	
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					- Cim
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555			2		
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title	)		2	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	tor's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>03</u> / <u>1</u>	3 / 10 Desc	ription of Eve	nt: Golden Sta	te Warriors vs. Toront	o Raptors
			et: \$	05 00	
	Face	value of fick	et.		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
Number of fickets Received	1 <del>1</del>	Ticket(s) Pio	vided to Agent		Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	sial	Number	0.000.000.000.000.000.000.000.0000	her the Distribution is In-	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
Carson, Keith		4	To promote :	attendance at a event	held at a County facility
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Super	VUSOV Ki	ofh Caris	m, District	- 5
			-		
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		nono for the di	stribution to the	rappization )	
Pulpose for Distribution. (De	scribe the public pur	pose for the dia	stribution to the t	organization.)	
5. Verification					
	ibution of tickets act i	orth chours is it	anoordanaa wii	h the provisions of EDD	Perculation 19044.4
I have determined that the distr					
10 S Brin		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	3/9/18
Signature of Agency/Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	1 attachment for any add	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by	A Public Doc	umant	TICKETS PROVIDED BY
Agency Report	A Public Doc	ument	AGENCY REPORT
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			I OIIII
Division, Department, or Region (if app	licable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		<b>—</b> • • • • • • • • • • • • • • • • • • •	
(510) 272-3882 crystal	.hishida@acgov.org	Amendment (Mustex	(plain in Part 5.)
Agency Contact (name and title)	moniaa@aogov.org	Date of Original Filing: .	
Crystal Hishida Graff, Principal Ana	lyst County Administrator's Offic	e.	(month, day, year)
2. Event For Which Tickets Were			
		en State Warriors vs. Dallas	Mavericks
Date(s) of Event: <u>03</u> <u>27</u> <u>1</u>	Description of Event:		Mavonoko
///////	— Face Value of Ticket: \$	95.00	
Agency Event 🔲 Yes 🗵 No	o (Identify source of tickets below	.)	
Name of Outside Source of Ticket(s)			
			utanta and a set
Number of Tickets Received: <u>4</u>	Ticket(s) Provided to	Agency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation sheet for	or additional names)	
Name of Official	Number State	e Whether the Distribution is Inc	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose fo	r the Distribution
Carson, Keith	4 To pro	mote attendance at a event	held at a County facility
4. Individual or Organization Rec	eiving Ticket(s) (Provided at the	behest of an agency official.)	
			- 5
Name of Behesting Agency Official:	supervise put c	anyour plating	0
Name of Individual or Organization:			er of Tickets:
Description of Organization:			
Address of Organization: Number and Si	reet	City	State Zip Code
		to the organization )	
Purpose for Distribution: (Describe the termination of terminatio of terminatio of termination of terminati	le public purpose for the distribution	to the organization.)	
5. Verification			
I have determined that the distribution o	f tickets set forth above is in accorda	nce with the provisions of FPPC	Regulation 18944.1.
latt then (	RYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	3/9/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachm	ent for any additional information including	g amendment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5 )
(510) 272-3882	crystal.hishida@a	cgov.org			xplain in r art o.y
Agency Contact (name and title	j			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>03</u> /2	27 / 10 Desc	ription of Ever	nt: Golden Sta	te Warriors vs. Dallas	Mavericks
			et: \$		
/	/ Face	value of ficke	ει. φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	irriors	
Number of Tickets Received	l: <u> </u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Office	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Supervisc	or Fifth District		
Name of Individual or Orgar				Numb	er of Tickets:4
Description of Organization:	1 1-				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a community vol	and the second	A)			
F. Marifia dia a					
5. Verification	<u> </u>		5 A	1911 - 1. 1. 1	
I have determined that the dist	ubution of tickets set f	orth above is ir	n accordance wit	n the provisions of FPPC	CRegulation 18944.1.
6H MM	CRYSTAL H	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	319/10
Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)

4

Tickets Provided by Agency Report		A Pub	lic Docume	ent		PROVIDED B
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Regi	on (if applicable)				For Official L	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
	E-mail					
(510) 272-3882	crystal.hishida@a	icaov ora		Amendment (Muste	xplain in Part 5.)	
Agency Contact (name and title)	or you more thank	ogotiong		Date of Original Filing:	to the device of	
Crystal Hishida Graff, Princi	pal Analyst, Coun	tv Administrat	or's Office		(month, day, year	7
2. Event For Which Tickets						
Date(s) of Event: /1			Golden Sta	te Warriors vs. Toront	o Raptors	
Date(s) of Event:				95.00		
/	/ Face	Value of Ticke	et: \$	93.00		
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of T	icket(s) Provided t	o Agency: Go	olden State Wa	rriors		
Number of Tickets Received:	20			y: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	al	Number of Tickets		her the Distribution is Ind be the Public Purpose fo		
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency C	Official: Keith Cars	on, Supervisc	or Fifth District			
Name of Individual or Organi					er of Tickets:	4
Description of Organization:	Fight social inequi	ties and to ad	vance an agen	da for progressive so	cial change.	
Address of Organization:	0 8th Street, Suite	308	Oakla	nd,	CA	94607
Num	ber and Street		City		State	Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dis	stribution to the c	organization.)		
To reward a school or nonpr	ofit organization fo	r its contributi	ions to the com	munity.		
5. Verification						
			7. 44			121
I have determined that the distri	bution of tickets set f	orth above is in	n accordance wit	h the provisions of FPPC	CRegulation 189	44.1.
Signature of Agenoy, Head of Designe		HISHIDA GRA	AFF PRIN	CIPAL ANALYST	3/	a /12

Fickets Provided by Agency Report	A Public Docur	nent	TICKETS PROVIDED B
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA		Date Stamp	Form 802
Division, Department, or Region (if applicable,	)	_	For Official Use Only
1221 OAK STREET, #555			
Street Address		_	
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
	da@acgov.org	Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title)	da@acgov.org	Date of Original Filing: .	
Crystal Hishida Graff, Principal Analyst, (	County Administrator's Office		(month, day, year)
2. Event For Which Tickets Were Distr	ibuted		
Date(s) of Event: <u>03 / 24 / 10</u>	Description of Event: Golden S	State Warriors vs. Memph	nis Grizzlies
	Face Value of Ticket: \$	05 00	
/	Face value of ficket. §		
Agency Event 🗌 Yes 🗵 No (Ider	ntify source of tickets below.)		
Name of Outside Source of Ticket(s) Prov	ided to Agency: Golden State V	Warriors	
Number of Tickets Received:8	Ticket(s) Provided to Age	ency: 🔲 Gratuitously	⊠ Pursuant to Contract
B. Agency Official(s) Receiving Ticket(	s) (use a continuation sheet for a	dditional names)	
Name of Official (Last, First)	Number State W	hether the Distribution is Inc scribe the Public Purpose fo	
(Last, 1 no)	of Tickets Des	scribe the Fublic Fulpose to	
I. Individual or Organization Receiving	g Ticket(s) (Provided at the beh	nest of an agency official.)	
Name of Behesting Agency Official: <u>Keith</u>	Carson, Supervisor Fifth Distri	ct	
Name of Individual or Organization: Korea			er of Tickets:8
Description of Organization: Empower the	Korean American and other co	ommunities of the Bay Ar	ea through education
Address of Organization: 4390 Telegraph	Ave. Suite A Oak	land,	CA 94609
Number and Street		Sity	State Zip Code
Purpose for Distribution: (Describe the publ	lic purpose for the distribution to th	e organization.)	
To reward a school or nonprofit organizati		17. State 19. St	
To reward a school of horiprofit organizati		oninumy.	

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

3/9/10 (month, day, year)

Tickets Provided by					
gency Report A Public Docume			ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					I OIIII
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Musi	tevnlain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			explain in r art o.y
Agency Contact (name and title)				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princi	ipal Analyst, Coun	ty Administrate	or's Office		(
2. Event For Which Tickets					
Date(s) of Event: <u>03</u>	5 / 10 Desc	ription of Even	t. Golden Stat	te Warriors vs. Los A	Angeles Lakers
/	/ Face	Value of Ticke	t: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of	Ficket(s) Provided t	to Agency: Go	lden State Wa	rriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u:	se a continuatio	n sheet for addi	tional names)	
Name of Offic	ial	Number			Income to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
•					
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)	)
		on Supervisor	Fifth District		
Name of Behesting Agency (	Official:	on, ouperviser	T har bloarot		
Name of Individual or Organ	ization: Sharifa Wi	lliams		Num	ber of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		pose for the dist	tribution to the c	organization.)	.2
To promote attendance at a	n event held at a C	ounty facility ir	n order to max	imize potential Cour	nty revenue from parking
5. Verification					
I have determined that the distri	bution of tickets set f	forth above is in	accordance with	h the provisions of FPI	PC Regulation 18944.1.
6H Ank		HISHIDA GRAI	FF PRIN	CIPAL ANALYST	3/9/10
Signature of Agency Head or Design		Print Name	a la aluella a	Title	(moñth, day, year)
Comment: (Use this space or ar	attachment for any add	anional information	n including amend	iment explanation.)	

Tickets Provided by					
Agency Report A Public Docume			Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	undain in Dart E )
(510) 272-3882	crystal.hishida@a	acgov.org			xpiain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator'	s Office		(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: <u>03</u> / <u>1</u>			Golden Stat	te Warriors vs. Los Ar	ngeles Lakers
Date(s) of Event.					
/	/ Face	Value of Ticket:	\$	33.00	
Agency Event	⊠ No (Identify s	source of tickets	below.)		
	2		er en ser de ser a ser e	rriors	
Name of Outside Source of	Ticket(s) Provided t	to Agency:	en otate wa	111013	
Number of Tickets Received	:	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	vina Ticket(s) (u	se a continuation :	sheet for addi	tional names)	
Name of Offic		Number	and and the second second	her the Distribution is In	come to the Official or
(Last, First)	hai	of Tickets		be the Public Purpose for	
4. Individual or Organization	on Receiving Tic	ket(s) (Provided	at the behes	t of an agency official.)	
Name of Behesting Agency	Grisial, Keith Cars	on, Supervisor F	Fifth District		
Name of Benesting Agency	Official:				
Name of Individual or Organ	ization. Nathan Re	eyes		Numb	er of Tickets: <u>1</u>
Hame of mathadar of organ					
Description of Organization:					
Address of Organization:					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the distril	oution to the c	organization.)	
To promote attendance at a	n event held at a C	ounty facility in o	order to max	imize potential County	v revenue from parking
					,
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in a	cordance with	h the provisions of FPP(	C Regulation 18944 1
1 11 6				đ.	2/2/1
Sandy		HISHIDA GRAFF	PRIN	CIPAL ANALYST	319/10
Signature of Agency Head or Design		Print Name		Title	(phonth, day, year)
Comment: (Use this space or a	attachment for any add	ditional information i	ncluding amend	iment explanation.)	

Tickets Provided by Agency Report	A Publi	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only	
	<b>il</b> tal.hishida@acgov.org		Amendment (Mustexp	olain in Part 5.)
Agency Contact (name and title) Crystal Hishida Graff, Principal A		or's Office	Date of Original Filing: _	(month, day, year)
Name of Outside Source of Ticket	10       Description of Even         Face Value of Ticke         No (Identify source of ticket         (s) Provided to Agency: Go	t: \$ s below.) Iden State War	95.00	
Number of Tickets Received: 3. Agency Official(s) Receiving				☑ Pursuant to Contract
Name of Official (Last, First)	Number of Tickets	State Wheth	her the Distribution is Inco be the Public Purpose for	
4. Individual or Organization Re			of an agency official.)	
Name of Behesting Agency Officia Name of Individual or Organizatio Description of Organization:	n: <u>Mateo Reyes</u>			er of Tickets:1
Address of Organization:	d Street e the public purpose for the dis	City tribution to the o	rganization.)	State Zip Code
To reward a County employee for 5. Verification	his or her exemplary servic	e to the public		
I have determined that the distribution	o of tickets set forth above is in CRYSTAL HISHIDA GRA Print Name		the provisions of FPPC CIPAL ANALYST Title	Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	ent		PROVIDED BY
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	and the second
Division, Department, or Region (if applicable	))			For Official U	Jse Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Muster	xolain in Part 5 )	
(510) 272-3882 crystal.hishi	da@acgov.org			ipidin in r art o.y	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year	r)
Crystal Hishida Graff, Principal Analyst,	County Administrat	or's Office		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Event For Which Tickets Were Dist					
Date(s) of Event: <u>03 / 15 / 10</u>	Description of Ever	nt. Golden Sta	te Warriors vs. Los An	igeles Lakers	
			95.00		
······································	Face Value of Tick	et: ֆ			
Agency Event 🗌 Yes 🛛 🛛 No (Ide	ntify source of ticke	ts below.)			
Name of Outside Source of Ticket(s) Prov	ided to Agency: Go	olden State Wa	arrirors		
Number of Tickets Received: 3	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuatio	on sheet for addi	tional names)		
Name of Official	Number		ther the Distribution is Ind		
(Last, First)	of Tickets	Descr	be the Public Purpose for	or the Distribution	<u> </u>
A					
4. Individual or Organization Receivin	g Ticket(s) (Provid	l ded at the behes	t of an agency official.)		
Name of Behesting Agency Official: <u>Keith</u>	Carson, Superviso	or Fifth District			
Name of Individual or Organization: <u>Andr</u>	ea Riquelme, Brigh	ter Beginnings	Numb	er of Tickets: _	3
Description of Organization: <u>Supports here</u>				artnering with p	arents.
Address of Organization: 2648 Internation	nal Boulevard	Oakla	ind,	СА	94601
Number and Street		City		State	Zip Code
Purpose for Distribution: (Describe the pub			•		
To reward a school or nonprofit organizat	ion for its contributi	ions to the com	imunity.		
5. Verification					
I have determined that the distribution of ticket	's set forth above is in	1 accordance wil	h the provisions of FPPr	Regulation 180	44 1
The second se			ICIPAL ANALYST		3/12
CRIS	TAL HISHIDA GRA	AFF PRIN	UPAL ANALISI	210	7///

AFT ON	on on one
Signature of Agency Head or	Designee

PRINCIPAL ANALYST

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report		AT us	ne Bocame		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5 \
(510) 272-3882	crystal.hishida@a	cgov.org			(plain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	tv Administrat	or's Office		(monin, day, year)
2. Event For Which Tickets					
Date(s) of Event:/1	5 . 10		. Golden Sta	te Warriors vs. Los An	ideles Lakers
Date(s) of Event:/					<u></u>
/	/ Face	Value of Ticke	et: \$	95.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below)		
Q 8				rrioro	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	Siden State wa	inors	
Number of Tickets Received	:1	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Ind	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
•					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
				contain agency officially	
Name of Behesting Agency	Official: Keith Cars	on, Supervisc	or Fifth District		
					server a ser
Name of Individual or Organ	ization: Alsha Brov	vn		Numb	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a County employ	ee for his or her ex	emplarv servi	ce to the public	c or to encourage staff	development.
		empiery earn	and the store process		
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
11126 1					210/12
Signature of Andrew Hand of Design		HSHIDA GRA	PRIN	ICIPAL ANALYST	
Signature of Agency Head of Design	99	r mit ivanie			(monini, day, year)

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Tickets Provided by		A D1-1			TICKETS PROVIDED BY
Agency Report	y Report A Public Docume			ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg					For Onicial Ose Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	TC and the				
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing:	
그는 아이는 것이 같은 것이 같은 것이 없는 것이 같이 없다.		h. A desisioned		Date of Original Filling.	(month, day, year)
Crystal Hishida Graff, Princ			tor's Office		
2. Event For Which Ticket			Disney on I	<u>69</u>	
Date(s) of Event: <u>03</u>					
/	/ Face	Value of Tick	et: \$	74.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
				rriors	
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	d:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi		Number		ther the Distribution is Ir	
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
		*			
4. Individual or Organizati	이 이렇지 않는 것 같은 이 것 가 많은 것 것 같이 없는 것 같은 것이 없는 것이 같은 것 같아?			그는 요즘은 사람이 많은 것을 알았다. 영화 가슴을 들었다. 것을 많은 것은 것을 같은 것을 같은 것을 했다.	
Name of Behesting Agency	Official. Superviso	r Scott Hagge	rty, District On	e Supervisor	
Name of Individual or Organ	nization: Charles G	ilcrest		Numl	ber of Tickets:4
Description of Organization					
Address of Organization:					
Address of Organization.	imber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public put	pose for the dis	stribution to the o	organization.)	
To reward a community vol	unteer for his servic	e to the publi	с		
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Alto In	CRYSTAL	HISHIDA GRA		ICIPAL ANALYST	2/0/10
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	an attachment for any ad	ditional informatio	on including amend	dment explanation.)	Management (generation of the factor of the factor)
	ana na mangana karangan na mangana karangan karangan karangan karangan karangan karangan karangan karangan kara		ur en la contriner al Alexandra (CARSA). Al	na na manaka kelala tahun kelang tahun kelang tahun kelangkalan di Salah Tahun kelang	

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Tickets Provided by					
Agency Report			ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				COMPLETE STOCK AND A STOCK STOCK AND A	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must	evolain in Part 5
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	)			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		(
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>3</u> / <u>2</u>	24 / 10 Desc	ription of Ever	d. Golden Stat	te Warriors Game	
Date(s) of Event.				95.00	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Tieket(a) Dravided (	Gonada Go	lden State Wa	rriors	
		o Agency.			
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is I	
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
•					
<u>.</u>					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
AND ADDRESS AND DESCRIPTION ADDRESS ADDRES	Supervisor	Alice Lai-Bitk	er District 3		
Name of Behesting Agency	Official: Supervisor	Allee Lai-Ditk	ler, District 5		
Name of Individual or Organ				Niuma	ber of Tickets:4
Name of Individual of Organ	ization:			inum	Der of Tickets:
Description of Organization:					
R					
Address of Organization:			12.0.1		
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a	n event held at a C	ounty facility i	n order to max	imize County revenu	e from concession sales
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance with	h the provisions of FPF	C Regulation 18944.1.
114/1 4		HISHIDA GRA		ICIPAL ANALYST	2/12/11
Signature of Agency flead of Design		Print Name		Title	(month flav year)
Comment: (Use this space or a			n includina amenr		

Tickets Provided by				
Agency Report	A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if	applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	il		Amendment (Must e	xplain in Part 5.)
	tal.hishida@acgov.org			
Agency Contact (name and title)		10 I 5 M	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Administrate	or's Office		
2. Event For Which Tickets We			- ANDREWSCHERK BENCH BUCKTO MARK	
Date(s) of Event: <u>03 / 15 /</u>	10 Description of Even	t: Golden State	Warriors vs. Los Ar	ngeles Lakers
	Face Value of Ticke		95.00	
	No (Identify source of ticket			
Name of Outside Source of Ticke	(s) Provided to Agency: Go	Iden State War	riors	
Number of Tickets Received:	1 Ticket(s) Prov	vided to Agency	: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuatio	n sheet for additi	onal names)	
Name of Official	Number	Pre-14010 (1990) A 11 (1990) Pre-14 (1991) Pre-14	er the Distribution is In	come to the Official or
(Last, First)	of Tickets		e the Public Purpose for	
4 Individual or Organization P	assiving Ticket(s) (Denvid	ed at the behavet		
4. Individual or Organization R			or an agency official.)	
Name of Behesting Agency Offici	al: Keith Carson, Supervisor	r Fifth District		
				1
Name of Individual or Organizatio	n:		Numb	er of Tickets:1
Description of Organization:				
Address of Organization:				
		City		State Zip Code
Purpose for Distribution: (Describ			ener oo oo oo oo	
To promote attendance at a Cou	ity sponsored event or even	it held at a Cou	nty facility.	
5. Verification				
I have determined that the distribution	of tickets set forth above is in	accordance with	the provisions of FPP0	C Regulation 18944.1.
ello A	CRYSTAL HISHIDA GRA		PAL ANALYST	21,5/1
Signature of Agenov Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attac	nment for any additional informatio	n including amendr	nent explanation.)	

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only		
OAKLAND, CA 94612	F				
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Amendment (Must explain in Part 5.)  Date of Original Filing:			
2. Event For Which Tickets	Were Distribute	ed		- 1999 - 1997 - 1997 - 1997 - 1997	
Date(s) of Event: <u>03</u> / <u>1</u>	<u>5 / 10</u> Desc	ription of Event: _	Golden Stat	te Warriors vs. Los Ar	ngeles Lakers
/		Value of Ticket: S		95.00	
Agency Event ☐ Yes Name of Outside Source of	Ticket(s) Provided t	ource of tickets b to Agency: <u>Golde</u>	I and the second second	rriors	
Number of Tickets Received	:	Ticket(s) Provide	ed to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuation s	heet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is In be the Public Purpose f	방법 방법, 같은 것 같은
4. Individual or Organization				t of an agency official.)	
Name of Individual or Organ Description of Organization:	ization: <u>Rodney Br</u>	ooks			per of Tickets: <u>1</u>
Address of Organization	nber and Street		City		State Zip Code
Purpose for Distribution: (D To reward a County employ					
5 Varification					
5. Verification I have determined that the distr	ibution of tickets set f	forth above is in ac	cordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency/Head or Design		HISHIDA GRAFF Print Name	PRIN	ICIPAL ANALYST	3/15/10 (month, day, year)
Comment: (Use this space or a		ditional information in	cluding amend	dment explanation.)	1X 0.1% 6 5

Tickets Provided by Agency Report	A Publ	lic Documer	nt	TICKETS PROVIDED BY
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only	
			☐ Amendment <i>(Must exp</i> Date of Original Filing:	
Date(s) of Event: <u>03</u> <u>27</u> /	/_10 Description of Ever / Face Value of Ticke ⊠ No (Identify source of ticke ket(s) Provided to Agency: Go	et: \$ ts below.) blden State Warr	95.00 iors	Avericks ⊠ Pursuant to Contract
3. Agency Official(s) Receivir Name of Official (Last, First)	ng Ticket(s) (use a continuation Number of Tickets	State Whethe	onal names) er the Distribution is Incc e the Public Purpose for	
4. Individual or Organization Name of Behesting Agency Office Name of Individual or Organization: <u>Weat Agency</u> Weat Agency Office Description of Organization: <u>Weat Agency</u> Office Description of Organization: <u>Weat Agency</u> Office Description	icial: <u>Keith Carson, Superviso</u> tion: <u>Annie Flores, Women's</u>	or Fifth District Economic Agene	da ProjNumbe	r of Tickets: <u>4</u> ien to the bottom.
Address of Organization: 449 1	5th Street, 2nd Floor and Street ribe the public purpose for the dis	Oakland <sup>City</sup> stribution to the org	1	CA 94612 State Zip Code
5. Verification I have determined that the distribut	tion of tickets set forth above is in CRYSTAL HISHIDA GRA Print Name		the provisions of FPPC , CIPAL ANALYST Title	Regulation 18944.1. 

Tickets Provided by			
Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA		Date St	<sup>amp</sup> California 802
Division, Department, or Region (if application	ble)		For Official Use Only
Street Address			
1221 OAK STREET, #555, OAKLAND,	, CA 94612		
Area Code/Phone Number E-mail	1		ent (Must explain in Part 5.)
(510) 272-3882 crystal.his	hida@acgov.org		N751220105-201002.020055
Agency Contact (name and title)		Date of Origin	nal Filing:03/17/2010 (month, day, year)
Crystal Hishida Graff, Principal Analyst	, County Administrate	or's Office	
2. Event For Which Tickets Were Dis			
Date(s) of Event: <u>3 / 24 / 10</u>	Description of Eve	nt: Golden State Warriors G	ame
· · · · · · · · · · · · · · · · · · ·	Face Value of Tick		
Agency Event 🔲 Yes 🖾 No (Io	dentify source of ticke	ts below.)	
Name of Outside Source of Ticket(s) Press	ovided to Agency: G	olden State Warriors	
Number of Tickets Received:4		vided to Agency: 🛛 Gratuit	tously I Pursuant to Contract
Number of Tickets Received.		vided to Agency.   Gratuin	Busiy A Pursuant to Contract
3. Agency Official(s) Receiving Tick	et(s) (use a continuation	on sheet for additional names)	
Name of Official	Number		ution is Income to the Official or
(Last, First)	of Tickets	Describe the Public F	Purpose for the Distribution
Laws, Jerl	4	To promote attendace at a	a County facility to max sales
a presidenta in conserva en			
4. Individual or Organization Receiv			official.)
Name of Behesting Agency Official: <u>Su</u>	pervisor Alice Lai-Bitl	ker, District 3	- <b>F</b>
Name of Individual or Organization:			Number of Tickets:
Description of Organization:			
Address of Organization			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the p	ublic purpose for the di	stribution to the organization.)	
To promote attendance at an event hele	d at a County facility	in order to maximize County	revenue from concession sales
		and the second	
5. Verification			
I have determined that the distribution of tick	kets set forth above is ir	n accordance with the provision	s of FPPC Regulation 18944.1.
1446 A CRV	STAL HISHIDA GRA	FF PRINCIPAL ANAL	YST 2/10/11
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)
Comment: (Use this space or an attachment for	or any additional informatic	on including amendment explanatio	n.)

Tickets Provided by			20 <b>2</b>	
Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				· onn
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, C	A 94612			
Area Code/Phone Number E-mail			Amendment (Must ex	plain in Part 5.)
	da@acgov.org			03/17/10
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	County Administrate	or's Office		1997 PARA 11 PERMISSION I
2. Event For Which Tickets Were Distr		and the second sec		
Date(s) of Event:0410101	Description of Eve	nt: Alicia Keys		
	Face Value of Tick		88.00	
Agency Event 🔲 Yes 🛛 No (Ider	ntify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provi	ded to Agency: G	olden State War	rriors	
Number of Tickets Received:4	Ticket(s) Pro	ovided to Agency	/: ☐ Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(	<b>s)</b> (use a continuati	on sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Inc	
(Last, First)	of Tickets	Descrit	be the Public Purpose fo	The Distribution
Wilson, Shawn	4	To promote a	ttendance at a County	/ facility and max sales
4. Individual or Organization Receiving	g Ticket(s) (Provi	ded at the behest	of an agency official.)	
Concentration of the second of the second	en servicemente entre total entre destato			
Name of Behesting Agency Official: Super				
Name of Individual or Organization:			Numbe	er of Tickets:
······				
Description of Organization:				
Address of Organization	x.			
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publ	lic purpose for the di	stribution to the o	rganization.)	
To promote attendance at an event held a	at a County facility	in order to maxi	mize County revenue	from concession sales
5. Verification				
I have determined that the distribution of tickets	s set forth above is i	n accordance with	n the provisions of FPPC	Regulation 18944.1.
101-0	TAL HISHIDA GR/		CIPAL ANALYST	2/10/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for a	any additional informati	on including amend	ment explanation.)	

Tickets Provided by Agency Report	A Public [	Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable Street Address	)		Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555, OAKLAND, C	CA 94612			
	da@acgov.org		Amendment (Must exp	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst,	County Administrator's C	- #29 N	te of Original Filing: _	3/17/10 (month, day, year)
2. Event For Which Tickets Were Dist				
Date(s) of Event: <u>04 / 06 / 10</u>	Description of Event:	lichael Buble		
/	Face Value of Ticket: \$	102	.75	
Agency Event 🛛 Yes 🛛 No (Ide	ntify source of tickets be	elow.)		
Name of Outside Source of Ticket(s) Prov	vided to Agency: Golder	State Warrior	S	
Number of Tickets Received:4				☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(S) (use a continuation sh	eet for additiona	l names)	
Name of Official (Last, First)	Number of Tickets		he Distribution is Inc e Public Purpose for	ome to the Official or r the Distribution
4. Individual or Organization Receivin	g Ticket(s) (Provided a	t the behest of a	n agency official.)	
Name of Behesting Agency Official:	ervisor Alice Lai-Bitker, [	District 3		
Name of Individual or Organization: Dana			Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the put	blic purpose for the distribu	tion to the orgar	nization.)	
To promote attendance at an event held	at a County facility in or	der to maximiz	e County revenue	from concession sales
5. Verification				
I have determined that the distribution of ticke	ts set forth above is in acc	ordance with the	provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee	TAL HISHIDA GRAFF	PRINCIP	AL ANALYST Title	(mgnith, day, year)
Comment: (Use this space or an attachment for	any additional information inc	luding amendmen	t explanation.)	

Fickets Provided by		A Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report I. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA					California Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mus	st evolain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			st explain in r ert ery
Agency Contact (name and title	)			Date of Original Filin	g:
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		
. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:04_/_0	06 / 10 Desc	ription of Ever	nt: Michael But	ole	
		Value of Ticke		102.75	
/	/ Face	value of Ticke	ει. φ		
Agency Event Yes	🛛 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided f	to Agency: <u>Go</u>	olden State Wa	rriors	
Number of Tickets Received	l:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Offic (Last, First)	bial	Number of Tickets	A DAMENTAL A DESCRIPTION OF A DESCRIPTIO	her the Distribution is be the Public Purpose	Income to the Official or
		Of TICKEts	00001		
, <u></u>					
. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.	)
a na manang kana kana kana kana kana kana kana					
Name of Behesting Agency	Official: Keith Cars	son, Supervisc	A FIIM DISTICT		
Name of Individual or Organ				Nun	nber of Tickets:2
Description of Organization:	<u></u>				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	mose for the dis	stribution to the c	rganization.)	
To promote attendance at a				-	ty revenues
	event neid at a Co	ounty facility in	order to maxin	nize potential Court	ty revenues.
. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	accordance with	h the provisions of FF	PPC Regulation 18944.1.
Jeft Chit		HISHIDA GRA		CIPAL ANALYST	3/23/1
Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	on including amend	Iment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612	;	5			
Area Code/Phone Number	E-mail			Amendment (Must e)	volain in Part 61
(510) 272-3882	crystal.hishida@a	icgov.org			(plan in Fart 5.)
Agency Contact (name and title	)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Tickets			101115 IA 1111		
Date(s) of Event: <u>04</u> / <u>1</u>	0 <u>/ 10</u> Desci	ription of Ever	nt: <u>Alicia Keys</u>		
/		Value of Ticke		88.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts helow)		
5. °			1. 	rriore	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	Juen State wa		
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Inc	것 같아요. 한 것은 것 것은 것 것은 것 것은 아이에 가지 않는 것이다.
(Last, First)		of Tickets	Descri	be the Public Purpose fo	or the Distribution
4. Individual or Organization	- CARLES - Free Press - Party Press - Party -			t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ				Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a community volu		Care - contract - contract - contract			
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	n accordance wit	h the provisions of FPPC	CRegulation 18944.1.
68 m		ISHIDA GRA	FF PRIN	ICIPAL ANALYST	3/23/10
Signature of Agency Hear of Design	60	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				atala la Dad El
(510) 272-3882	crystal.hishida@a	cgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		(monal, day, year)
2. Event For Which Tickets	s Were Distribute	əd			
Date(s) of Event:04_/_1	1 / 10 Desc	ription of Even	t. Basketball	Game	
				5-	
/	Face	Value of Ticke	et: \$(		
Agency Event 🛛 Yes	X No (Identify s	ource of ticket	ts below.)		
Name of Outside Source of	Ticket(c) Drevided t	Go Agonovi Go	Iden State Wa	rriors	
		o Agency.			
Number of Tickets Received	l:1	Ticket(s) Prov	vided to Agence	y: 🔲 Gratuitously	I Pursuant to Contra
3. Agency Official(s) Recei		se a continuatio	and a state of the	ies in contract of the second s	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
, case i nov		or nekets	Descri	be the rublic rupose to	
			1		
	2				
the state of the s					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Alameda C	County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organ	ization: Lillian Litze	эу .		Numbe	er of Tickets:1
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Co
Purpose for Distribution: (D				organization.)	
To reward a community volu	unteer for her contri	bution to the p	public		
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
111.0 1					277

lott and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	0/28/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
	S 19.2 2017 19.2 19. 19. 19. 19.		

Fickets Provided by Agency Report	A Public I	Document	TICKETS PROVIDED BY
. Agency Name		Date Stamp	
COUNTY OF ALAMEDA			Form 802
Division, Department, or Regi	on (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			×
	E-mail		
(510) 272-3882	crystal.hishida@acgov.org	Amendment (Must e)	(plain in Part 5.)
Agency Contact (name and title)	, , , , , , , , , , , , , , , , , , , ,	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princi	oal Analyst, County Administrator's	Office	(monur, day, year)
. Event For Which Tickets			
	Description of Event: B	asketball Game	
/	Face Value of Ticket: \$	15	
Agency Event 🛛 Yes	X No (Identify source of tickets be	elow.)	
Nome of Outside Source of T	icket(s) Provided to Agency: Golder	State Warriors	
			>
Number of Tickets Received:	1 Ticket(s) Provided	d to Agency:	⊠ Pursuant to Contract
• •	ving Ticket(s) (use a continuation sh		
Name of Offici (Last, First)	al Number of Tickets	State Whether the Distribution is Inc Describe the Public Purpose for	
(	of fickets	Describe the Fublic Fulpose to	
Individual or Organizatio	n Receiving Ticket(s) (Provided a	t the behest of an agency official.)	
	Official: Alameda County Supervisor	Nate Miley, District 4	
Name of Benesting Agency C			
Name of Individual or Organi	zation: Aron Martin	Numb	er of Tickets:1
Nume of manuaut of organi		La Alado	
Description of Organization: .			
Address of Organization:	ber and Street	City	State Zip Code
Num	ber and Street	City	State Zip Code
Purpose for Distribution: (De	scribe the public purpose for the distribu	tion to the organization.)	
To reward a student for outs	anding scholastic achievement		
. Verification			
I have determined that the distri	oution of tickets set forth above is in acc	ordance with the provisions of FPPC	Regulation 18944.1.
left and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	3 /23/1

Agency Event ☐ Yes ⊠ No (Identify source of ti Name of Outside Source of Ticket(s) Provided to Agency:	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	102.75 arrirors cy: □ Gratuitously ⊠ Pursuant to Cor
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         (510) 272-3882         crystal.hishida@acgov.org         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of title)         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4         Ticket(s)       Ticket(s)	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	For Official Use On For Official Use On For Official Use On Control For Official Use On For Official Use On Control For Official Use On Control For Official Use On Control For Official Use On For Official U
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed       Date(s) of Event:         04 / 06 / 10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of ticket(s) Provided to Agency:         Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continut       Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	Amendment (Must explain in Part 5.) Date of Original Filing:(month, day, year) ble 102.75 arrirors cy:
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Adminis         Crystal Hishida Graff, Principal Analyst, County Adminis         Z. Event For Which Tickets Were Distributed         Date(s) of Event:       04       06       10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of ti         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4       Ticket(s)         Number of Tickets Received:       4       Ticket(s)         Name of Official(s) Receiving Ticket(s) (use a continuation of the street o	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	Date of Original Filing:
OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Adminis         Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of tit         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4         Ticket(s)       Ticket(s)         Agency Official(s) Receiving Ticket(s) (use a continue of Official       Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	Date of Original Filing:
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Adminis         Crystal Hishida Graff, Principal Analyst, County Adminis       County Adminis         2. Event For Which Tickets Were Distributed       Date(s) of Event:       04 / 06 / 10 Description of E         Date(s) of Event:       04 / 06 / 10 Description of E       Face Value of T         Agency Event       Yes       No (Identify source of tickets)         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4 Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continue Name of Official       Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	Date of Original Filing:
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 10 Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of title)         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4 Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continuation)       Number       Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	Date of Original Filing:
Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of ticket(s) Provided to Agency:         Number of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4         Ticket(s)       Xame of Official(s) Receiving Ticket(s) (use a continuation of the source o	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	(month, day, year) ble 102.75 arrirors cy:
Crystal Hishida Graff, Principal Analyst, County Adminis         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 10 Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of ticket(s) Provided to Agency:         Name of Outside Source of Ticket(s) Provided to Agency:       Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continuation of Official       Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	(month, day, year) ble 102.75 arrirors cy:
2. Event For Which Tickets Were Distributed     Date(s) of Event: 0610 Description of E    Face Value of T     Agency Event □ Yes ⊠ No (Identify source of ti     Name of Outside Source of Ticket(s) Provided to Agency:     Number of Tickets Received: Ticket(s)     3. Agency Official(s) Receiving Ticket(s) (use a continu         Name of Official Number	Event: <u>Michael Bu</u> Ticket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	102.75 arrirors cy: ☐ Gratuitously ⊠ Pursuant to Cor itional names) ther the Distribution is Income to the Official or
Date(s) of Event:       04 / 06 / 10       Description of E        /       Face Value of T         Agency Event       Yes       No (Identify source of ti         Name of Outside Source of Ticket(s) Provided to Agency:       Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s)       Number       Number       Number	icket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	102.75 arrirors cy: ☐ Gratuitously ⊠ Pursuant to Cor itional names) ther the Distribution is Income to the Official or
Agency Event ☐ Yes ⊠ No (Identify source of ti Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received:4 Ticket(s) 3. Agency Official(s) Receiving Ticket(s) (use a continu Name of Official Numbe	icket: \$ ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	102.75 arrirors cy: ☐ Gratuitously ⊠ Pursuant to Cor itional names) ther the Distribution is Income to the Official or
Agency Event       □ Yes       ⊠ No (Identify source of ticket (s) Provided to Agency:         Name of Outside Source of Ticket(s)       Provided to Agency:         Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s)       (use a continuation of the second	ckets below.) Golden State Wa Provided to Agenc uation sheet for addi	arrirors cy: ☐ Gratuitously ⊠ Pursuant to Cor itional names) ther the Distribution is Income to the Official or
Agency Event       □ Yes       ⊠ No (Identify source of ticket (s) Provided to Agency:         Name of Outside Source of Ticket(s)       Provided to Agency:         Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s)       (use a continuation of the second	ckets below.) Golden State Wa Provided to Agenc uation sheet for addi r State Whe	cy: ☐ Gratuitously ⊠ Pursuant to Con itional names) ther the Distribution is Income to the Official or
Name of Outside Source of Ticket(s) Provided to Agency:         Number of Tickets Received:       4         Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continue of Official         Name of Official       Number	Golden State Wa Provided to Agend uation sheet for add	cy: ☐ Gratuitously ⊠ Pursuant to Con itional names) ther the Distribution is Income to the Official or
Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continuous contente contentente contententente continuous continuous continuous	Provided to Agend uation sheet for add	cy: ☐ Gratuitously ⊠ Pursuant to Con itional names) ther the Distribution is Income to the Official or
Number of Tickets Received:       4       Ticket(s)         3. Agency Official(s) Receiving Ticket(s) (use a continuous contente contentente contententente continuous continuous continuous	Provided to Agend uation sheet for add	cy: ☐ Gratuitously ⊠ Pursuant to Con itional names) ther the Distribution is Income to the Official or
3. Agency Official(s) Receiving Ticket(s) (use a continu Name of Official Numbe	uation sheet for addi	itional names) ther the Distribution is Income to the Official or
Name of Official Numbe	r State Whe	ther the Distribution is Income to the Official or
Name of Official Numbe	r State Whe	ther the Distribution is Income to the Official or
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1.5		
ا 4. Individual or Organization Receiving Ticket(s) (P	rovided at the behas	t of an agency official )
Name of Behesting Agency Official: <u>Alameda County Su</u>	pervisor Nate Mile	y, District 4
Name of Individual or Organization: United Seniors of Oa	anana a Alameda	Number of Tickets: 4
Description of Organization: Senior Advocacy		
7200 Beneroft Avenue, Suite 1	78 - Oakland, CA	94605
Address of Organization: 7200 Bancront Avenue, Suite T	City	State Zip
Durnage for Distribution: (Describe the public purpose for th	a distribution to the	
Purpose for Distribution: (Describe the public purpose for th		organization.)
To reward a non profit organization for its contributions to	o the community	
5. Verification		

Letton N	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	3/23/10
Signature of Agenoy Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report	А	Public Docum	ent	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region	(if applicable)		-	For Official Use Only
1221 OAK STREET, #555				
Street Address			-	
OAKLAND, CA 94612				
Area Code/Phone Number E-r	mail		Amendment (Must exp	blain in Part 5.)
(510) 272-3882 cr	ystal.hishida@acgov.c	org		
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Adm	inistrator's Office		
2. Event For Which Tickets W	ere Distributed		*	
Date(s) of Event: <u>04</u> <u>06</u>	<u>/ 10</u> Description	of Event: Michael Bu	uble	
	/ Face Value			
	No (Identify source			
	0	<u></u>	orrioro	
Name of Outside Source of Tick	cet(s) Provided to Ager	ncy: Golden State W	amors	
Number of Tickets Received:	Ticket	(s) Provided to Agen	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	ig Ticket(s) (use a co	ntinuation sheet for add	litional names)	
Name of Official (Last, First)			ether the Distribution is Inco ribe the Public Purpose for	
Carson, Keith		2 To promote	attendance at a event h	eld at a County facility
4. Individual or Organization	Receiving Ticket(s)	(Provided at the behe	st of an agency official.)	
Name of Behesting Agency Offi	cial: Jupern for	Keith Carso	n, District 3	)
Name of Individual or Organizat				r of Tickets:
Description of Organization:				
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Descr		w the distribution to the	organization )	
Purpose for Distribution. (Desci	the the public purpose ic		organization.)	
5. Verification				
I have determined that the distribut	ion of tickets set forth ab	ove is in accordance w	ith the provisions of FPPC	Regulation 18944.1.
the gut	CRYSTAL HISHID		NCIPAL ANALYST	2/23/a
Signature of Agency Head of Designee	Print Nan		Title	(monīh, day, yēar)
Comment: (Use this space or an att	achment for any additional i	nformation including amer	idment explanation.)	

Agency Report		A PUDIIC	Docume	ent	TICKETS	INCY REPO
. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)			1	For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	t explain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov	v.org				
Agency Contact (name and title	)		u-171621	Date of Original Filing	:(month, day, yea	ur)
Crystal Hishida Graff, Princ	ipal Analyst, County Ad	dministrator's	Office		N 13 Bills	60
. Event For Which Ticket			tation of the states of the state			
Date(s) of Event:1	1 / 10 Descriptio	on of Event:	Basketball (	Game		
	/ Face Valu	e of Ticket: \$	95			
Agency Event 🛛 Yes	🗵 No (Identify sourc					
Name of Outside Source of	Ticket(s) Provided to Ag	ency: Golde	n State Wa	rriors		
Number of Lickets Received					EVI Deserves 1.4	- 0 +
	I: IICK	et(s) Provide	ed to Agenc	y: 🔲 Gratuitously	🛛 Pursuant t	o Contra
					⊠ Pursuant t	o Contra
. Agency Official(s) Rece	iving Ticket(s) (use a c	continuation sl	heet for addi	tional names)		
	iving Ticket(s) (use a c		neet for addi		Income to the Offi	cial or
. Agency Official(s) Rece Name of Offic	iving Ticket(s) (use a c	continuation sl	neet for addi	tional names) her the Distribution is I	Income to the Offi	cial or
. Agency Official(s) Rece Name of Offic	iving Ticket(s) (use a c	continuation sl	neet for addi	tional names) her the Distribution is I	Income to the Offi	cial or
. Agency Official(s) Rece Name of Offic	iving Ticket(s) (use a c	continuation sl	neet for addi	tional names) her the Distribution is I	Income to the Offi	cial or
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Agency Official(s) Rece	iving Ticket(s) (use a c	continuation sl	neet for addi	tional names) her the Distribution is I	Income to the Offi	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a c cial N of	continuation sl lumber Tickets	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose	Income to the Offi for the Distributio	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a c cial N of on Receiving Ticket(	continuation sl lumber Tickets	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose	Income to the Offi for the Distributio	cial or
. Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a c cial N of on Receiving Ticket(	continuation sl lumber Tickets	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose	Income to the Offi for the Distributio	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a constant of second se	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Officient	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a constant of second se	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Offi for the Distributio	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a contract of the second secon	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso ntary	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Officient	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a contract of the second secon	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso ntary	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Officient	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a contract of the second secon	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso ntary chool	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Officient	cial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a constant of the second secon	continuation sl lumber Tickets ( <b>s)</b> (Provided ty Superviso ntary chool	heet for addi State Whet Descri	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Officient	cial or n
Agency Official(s) Received and the second state of the second sta	iving Ticket(s) (use a constraint of the second street str	continuation sl lumber Tickets (s) (Provided ty Superviso ntary chool astro Valley,	heet for addi State Whet Descri at the behes r Nate Miley CA 94546 City	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Offic for the Distributio	cial or n
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (use a constant of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe the public purpose state of the second street escribe street escribe state of the second street escribe street es	continuation sl lumber Tickets (Provided ty Superviso ntary chool astro Valley, for the distrib	heet for addi State Whet Descri at the behes r Nate Miley CA 94546 City	tional names) her the Distribution is I be the Public Purpose t of an agency official.) y, District 4	Income to the Offic for the Distributio	cial or

the same state and		12	The second secon
Signature of Agency bread or Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	3/23/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDE
No. Contraction of the second s			no Doounio		AGENCY REF
1. Agency Name				Date Stamp	Form 80
COUNTY OF ALAMEDA	1			(*)	For Official Use Only
Division, Department, or Reg	ion (if applicable)				i or omdar ose only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	<u></u>				
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	)		1	Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	• • • • • • • • • • • • • • • • • • • •		or's Office		
2. Event For Which Ticket					
Date(s) of Event: <u>04</u> /	11 <u>10</u> Desc	ription of Ever	nt: Basketball (	Game	
		Value of Ticke	(AG	5-	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received					☑ Pursuant to Contr
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number	· · · · · · · · · · · · · · · · · · ·	her the Distribution is Inc	
		of Tickets	Desch	be the Public Purpose for	the Distribution
				Λ	
4. Individual or Organizati					
Name of Behesting Agency					
Name of Individual or Orgar		niors of Oakla	nd & Alameda	County Numbe	er of Tickets: <u>12</u>
Description of Organization:	Senior Advocacy				
Address of Organization.	200 Bancroft Avenu	e, Suite 178 -	Oakland, CA S	94605	State Zip Co
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote health, motivate				220	
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
lettan	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	3/28/
Signature of Agency Head of Design	lee	Print Name		Title	(month, day, ye

2 parking pass

Tickets Provided by				
Agency Report	A Public Docume		ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if	applicable)		1	For Official Use Only
1221 OAK STREET, #555				
Street Address			1	
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	ail		Amendment (Must exp	plain in Part 5.)
(510) 272-3882 crys	stal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Adminis	strator's Office		19 10 4 CO CONTRACTOR OF 19
2. Event For Which Tickets We		alasta di 12 meteta	e oriente acte il literat date ar	
Date(s) of Event: <u>03</u> <u>27</u>	10 Description of I	Event: Golden Sta	te Warriors vs. Dallas N	<i>A</i> avericks
1 1		Ficket: \$		
		ποκει. φ		
Agency Event 🛛 Yes 🗵	No (Identify source of t	ickets below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency	Golden State Wa	arriors	
Number of Tickets Received:	Ticket(s)	Provided to Agence	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a contin	uation sheet for addi	itional names)	
		Realized and the second second second	ther the Distribution is Inc	ense to the Official or
Name of Official (Last, First)	Numbe of Ticke		ibe the Public Purpose for	
4. Individual or Organization R		revided at the behav	t of an ananov official )	
			at of an agency official.)	
Name of Behesting Agency Offici	al: Keith Carson, Super	visor Fifth District		
				1
Name of Individual or Organization	n: <u>Veronica rubera</u>		Numbe	er of Tickets:4
Description of Organization:				
Description of Organization:				
Address of Organization:				
Number ar	d Street	City		State Zip Code
Purpose for Distribution: (Describ	e the public purpose for th	e distribution to the	organization.)	
To promote attendance at a ever	nt held at a County facili	ty in order to maxi	mize potential County r	evenue from parking.
5. Verification				
I have determined that the distributio	n of tickets set forth above	is in accordance wil	th the provisions of FPPC	Regulation 18944.1.
biba n	CRYSTAL HISHIDA		ICIPAL ANALYST	2holis
Signature of Agency Head or Designee	Print Name		Title	(month/day, year)
Comment: (Use this space or an attac		mation including amen		Accession And I want
	anne an ann an Air Air Ann an Air an Air Ann an Air Air Ann an Air Ann an Air Ann an Air Air Ann an Air Air Air	energen en e	nen annan an nachaidh an Nar 化 thrifte anns an Airtig air an Airtig	

Agency Report	A Public Doc	ument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OOL
Division, Department, or Region (if	applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-ma	1	Amendment (Must e	xplain in Part 5.)
	tal.hishida@acgov.org		
Agency Contact (name and title)		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Administrator's Offic	e	
2. Event For Which Tickets We			
Date(s) of Event:04 /_03 /_	10 Description of Event: Hot C	ountry Nights	
/	Face Value of Ticket: \$	TO OF I	
Agency Event	No (Identify source of tickets below.		
	normal na standar sen en regeler inden hander se stander. Het der som en se stander som en sen en se som en se		
Name of Outside Source of Ticke	(s) Provided to Agency: Golden Sta		
Number of Tickets Received:	2 Ticket(s) Provided to A	Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuation sheet for	or additional names)	
Name of Official (Last, First)		e Whether the Distribution is Inc Describe the Public Purpose for	
	1		
μ			
4. Individual or Organization R		5 . 0	
Name of Behesting Agency Offici	al: Alameda County Supervisor Nate	e Miley, District 4	
Name of Individual or Organization			er of Tickets:2
Name of Individual of Organizatio		Numb	
Description of Organization:			
Address of Organization:	I Street	City	State Zip Code
	e the public purpose for the distribution t	to the organization.)	
To reward a community voluntee	and the second		
5. Verification			
	of tickets set forth above is in accordar	nce with the provisions of FPP0	C Regulation 18944.1.
LILA A	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	3/21/1

Agency Report       A Public Document         1. Agency Name       Date Stamp         COUNTY OF ALAMEDA       Division, Department, or Region (if applicable)         Street Address       1221 OAK STREET, #555, OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing: <u>3/20</u> 2. Event For Which Tickets Were Distributed       Date(s) of Event: <u>04 / 14 / 10</u> Description of Event: <u>MUSE</u>	
COUNTY OF ALAMEDA       For         Division, Department, or Region (if applicable)       For         Street Address       1221 OAK STREET, #555, OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	AGENCY REPORT
1221 OAK STREET, #555, OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:	
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filling: 3/2(///////////////////////////////////	
2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 14 / 10       Description of Event:       MUSE        /       Face Value of Ticket: \$49.00         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)         Name of Official       Number       State Whether the Distribution is Income to the	6/10
Date(s) of Event:       04 / 14 / 10 Description of Event:       MUSE	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Image: Pursue         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)         Name of Official       Number       State Whether the Distribution is Income to the	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the	uant to Contract
Name of Official Number State Whether the Distribution is Income to the	
	이야지는 아이는 것은 것이 아이지 않는 것이 같다.
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: <u>Supervisor Alice Lai-Bitker, District 3</u>	
Name of Individual or Organization: <u>Tyler Sanderson</u> Number of Tick	ets:4
Address of Organization: Number and Street City Sta	ate Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize County revenue from con	ncession sales
5. Verification	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation	on 18944.1.
Signature of Agency Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Signature of Agency Head of Designee       Print Name       Title         Comment: (Use this space or an attachment for any additional information including amendment explanation.)	(month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name		N N W WI DESIGN		Date Stamp	
COUNTY OF ALAMEDA			Date Stamp	Form 802	
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882				Amendment (Must	explain in Part 5.)
Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing	
Crystal Hishida Graff, Princ	50	ty Administrato	or's Office		(month, day, year)
			of s Office		
2. Event For Which Tickets			Disney on k	<u></u>	
Date(s) of Event: <u>03</u>	Desc	ription of Even	t:		
/	/ Face	Value of Ticke	t: \$	74.00	
Agency Event	🗵 No (Identify s	ource of ticket	s helow)		
	2 C			rriors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	iden State wa	11013	
Number of Tickets Received	:3	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	n sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is In	ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
•					
4. Individual or Organization	on Receiving Tic	ket(s) (Provide	ed at the behes	of an agency official.)	
an and the construction of the second s				tor an agency emetally	
Name of Behesting Agency	Official: Keith Cars	on, Supervisor	r Fifth District		
				2.0	
Name of Individual or Organ	ization:			Num	ber of Tickets:3
Description of Organization:				35	
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		income for the dist		require tion )	ouro Elpooto
	······································				
To promote attendance at a	n event held at a C	ounty facility in	n order to max	imize potential Coun	ty revenue.
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPF	C Regulation 18944,1.
latranal.	CRYSTAL H	ISHIDA GRA	FF PRIN	CIPAL ANALYST	2/3/10
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ade	ditional informatior	n including amend	Iment explanation.)	

Tickets Provided by				
Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			E.	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				, I-
Area Code/Phone Number E-mail			Amendment (Must ex	(nlain in Part 5.)
(510) 272-3882 crystal.hishida	(510) 272-3882 crystal.hishida@acgov.org			plan nr al ay
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co	ounty Administrat	or's Office		• 2010 1 1 2010 1 1 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Event For Which Tickets Were Distrik	outed			
Date(s) of Event: <u>04 / 03 / 10</u> D	escription of Ever	nt: Hot Country	/ Nights	
	ace Value of Ticke	E0 1	25each	
Agency Event 🛛 Yes 🛛 No (Ident	ify source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provid	ed to Agency: Go	olden State Wa	rrirors	
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	) (use a continuatio	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inc	come to the Official or
(Last, First)	of Tickets		be the Public Purpose fo	
4. Individual or Organization Receiving	Ticket(e) (Browie	lod at the behas	t of an agonov official )	
	5 S S			
Name of Behesting Agency Official: Alamed	da County Superv	visor Nate Miley	y, District 4	
				2 2
Name of Individual or Organization: Eddie a	and helen Salas		Numbe	er of Tickets:2
Description of Organization:				
Description of organization.				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public	purpose for the dis	stribution to the c	organization.)	
To promote attendance at an event held at	a County facility i	in order to max	imize potential County	revenue from parking
5. Verification				
I have determined that the distribution of tickets	set forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
1.11 M COVET	AL HISHIDA GRA	FE PRIN	ICIPAL ANALYST	2/21/12
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for an		on including amend		10.000 PM 81000 PM 2000 PM 2000 PM
and concession sales	•	909 - MARCONSTRUCTOR (1996) - 17	ny kaominina mpika kaominina mpika mpika mpika mpika mpika kaominina mpika mpika mpika mpika mpika mpika mpika	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region (	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-n	nail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 cry	ystal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrat	or's Office		18 - 111 - 20 MARKO D
2. Event For Which Tickets W	ere Distribute	d			
Date(s) of Event: <u>03</u> 07	/ <u>10</u> Descr	iption of Eve	nt: Disney on I	ce	
		Value of Tick		74.00	
Agency Event 🔲 Yes	⊠ No (Identify s	ource of ticke	te helow)		
				relaza	
Name of Outside Source of Tick	et(s) Provided te	o Agency:	biden State wa	irriors	
Number of Tickets Received:	1	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (us	e a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
Carson, Keith		1	To obtain ov	ersight of facilities or e	vents.
4. Individual or Organization I	a na-dheann ann ann an t- <del>ai</del> ne ann ann an			t of an agency official.)	
Name of Behesting Agency Offic	cial: Supervisor	Keith Carsor	n, District 5		
Name of Individual or Organizat	ion:			Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri		pose for the di	stribution to the o	organization.)	
5. Verification					
<ol> <li>vermication</li> <li>I have determined that the distribution</li> </ol>	on of tickets set f	orth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944 1
					2/-1-
Signature of Agency Head of Designee		IISHIDA GRA		ICIPAL ANALYST	month, day, year)
Comment: (Use this space or an atta	achment for any add	litional informatio	on including amend	dment explanation.)	

1

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			Date Stanlp	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				untain in Dart E.V.
(510) 272-3882 crystal.hishida@a	acgov.org		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	0 0		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Count	ty Administrate	or's Office		(monin, day, year)
2. Event For Which Tickets Were Distribute	ed			
Date(s) of Event: <u>03 / 07 / 10</u> Desc		nt. Disney On I	ce	
		-111	/	
/ Face	Value of Ticke	et: \$/		
Agency Event 🛛 Yes 🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided t	Agency. Go	olden State Wa	rrirors	
	k.			
Number of Tickets Received:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	in the second second second second	10.00 0115 0 010 0 00 0 0 0 0 0 0 0 0 0 0 0	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
	OF HORELS	Deser		
4. Individual or Organization Receiving Tic				
Name of Behesting Agency Official: Alameda C	County Superv	lisor Nate Mile	y, District 4	
Name of Individual or Organization: Mark Dam	eral		Numb	er of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community volunteer for his service	An a management of the second second			
5. Verification				
I have determined that the distribution of tickets set f	forth above is in HISHIDA GRA		h the provisions of FPPC	C Regulation 18944.1. 3/2/110

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	0.11
COUNTY OF ALAMEDA			Date Stamp	Form 802
Division, Department, or Region (if	applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	ail			
(510) 272-3882 crys	stal.hishida@acgov.org		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal A	analyst, County Administra	tor's Office		(monut, day, year)
2. Event For Which Tickets We				
Date(s) of Event:04/06/_		nt. Michael But	ble	
	Description of Eve	102	75	
//	—— Face Value of Tick	et: \$		
Agency Event 🛛 Yes 🗵	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency: G	OLDEN STATE	WARRIORS	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuati	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
4. Individual or Organization R	eceiving Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offici	al: ALAMEDA COUNTY SI	UPERVISOR S	COTT HAGGERTY, DI	STRICT 1
Name of Individual or Organization				r of Tickets:4
Description of Organization:				
Address of Organization:	nd Street	City		State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the di	stribution to the c	organization.)	
REWARD INDIVIDUAL FOR CO				
REWARD INDIVIDUAL FOR CO	INTRIBUTIONS TO THE O			
5. Verification				
I have determined that the distribution	n of tickets set forth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944 1
				2/ - / -
lett put	CRYSTAL HISHIDA GR	AFF PRIN	CIPAL ANALYST	329/10
Signature of Agency Head or Designee	Print Name	en insludios sus	Title	(month, day/year)
Comment: (Use this space or an attac	nment for any additional informati	on including amend	iment explanation.)	